TABLE 2

	Injury Prevention	Return to work			Disability Prevention		
Organization		**Activities**	**Provider involved in creating job modifications?**	**Individual designated to visit worksite**	**Activities**	**"At Risk" Claims**	**Case Managers**
NY State Dept. of Health	Yes. MCOs monitor injury trends; notify employers.	Case manager facilitates RTW through 3-way contact (among employer, IW, and provider)	Yes, through case manager.	Case manager, if necessary.	Treatment within 36 hours	Aim at prevention (through immediate attention, ongoing case management).	Masters-level OH nurses or nurses with experience in case management.
The Electrical Employees Self-Insurance Safety Plan	Yes. (EESISP always focused on prevention)	Encouraging light duty (e.g., proposing to fund 25% of an IW's pay while on light duty).	No	No	- Providing immediate care - Coordinating with necessary therapy	Initial assessment, ongoing review of care, 3-way comm., by nurse advocate.	*Nurse advocates* have OM or rehab therapy training/background.
UNITE	Yes	Job modifications	Yes. Occ med physicians understand workplace conditions that lead to injury and illness.	Occ med physician, members of union's health and safety dept., and an ergonomist.	- Early treatment and aggressive physical therapy. - Outreach to educate members about the OH clinics	Handled no differently.	No case managers due to limited financial resources.
Kentucky Department of Workers' Claims	No	Case manager as a liaison between parties, coordinates treatment activities, assists creating job modifications.	No	Not required; varies by health plan.	Not required.	Varies by health plan. Some case manage from day one; more commonly, wait 7-10 days. (See comments column in Table 5)	Most are RNs. Lead case manager at each plan must be a certified rehabilitation counselor or RN.

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Work Comp Network	No	- primary treating physician sees IWs within 24 hours., specialists must see IWs within 5 days. - care standards help facilitate RTW. - case managers work with employers to create job modifications and explore RTW options.	-Providers give activity restrictions, applicable both on and off the job. - Providers talk with IW's supervisor about the IW's ability to do her/his job and/or to find another job that the IW *can* do.	No	- On site trainings by providers regarding body mechanics. - Proactive case management when an IW fails to progress as anticipated. - Physicians closely monitor IWs when off work. - Medical director discusses complicated cases with attending physician.	If appropriate, case management is implemented right away (depends on amount of lost time and type of injury).	Four RNs. Two certified by the American Board of Disability Analysts; two have occupational medicine backgrounds; and two have utilization review and disability backgrounds (credentials not mutually exclusive).
HealthSouth Corporation	Yes (e.g., ergonomic worksite assessments, implementing wellness programs, functional capacities at hiring)	Physicians (primarily the clinic medical directors) visit the worksites to understand how jobs are performed so they can make appropriate decisions about RTW.	They work with employer to create job modifications.	Physicians.	Provide good quality care and identify serious illness and injury early in the process.	Predict which IWs are "at risk," developing computer system to detect indicators of delayed recovery and adverse outcomes. These IWs will need more aggressive case management.	Physicians are case managers for IWs who recover as predicted. If not recovering as predicted (as indicated by established parameters), certified case manager works with physician.
Health Insurance Plan of New York (HIPNY)	No	Nurse case managers and physicians work together tracking time loss claims and providing treatment and RTW plans. A "Center of Excellence" serves IWs who require rehabilitation from serious injuries.	No. Nurse has contact with employer.	They is not enough staff for a systematic program whereby a nurse or doctor visits the worksite. On an ad-hoc basis, however, the nurses do occasionally visit worksites.	Immediate diagnoses, treatment, and rehabilitation, and close monitoring of care. IWs who get good care immediately are more happy and more likely to return to work. Nurse coordinates with employer to create modified work, focusing on what the IW *can* do.	Extended time loss cases not handled any differently than others.	RNs trained by HIPNY in WC issues. Facilitate communication between the parties, do not provide treatment.

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Workers' Compensation Community Care Network (CCN)	Yes. Theoretically, physician visits IW's workplace to report to employer information on safety hazards.	- Care coordinator facilitates communication among the physician, IW, and employer regarding integrating IW back to workplace. - Care coordinator uses national data to determine if physician's recommendation for time off work is consistent with average disability duration rates for similar injuries.	Providers coordinate with employers to create a safe return to work environment.	Physicians visit worksites. If necessary (rare), case managers also visit.	Provide optimum medical care and encourage RTW as early as possible (the longer an IW is off work, the more likely is permanent disability).	The diagnoses considered "at risk" are highly managed from the day of the injury to assure proper medical care and appropriate RTW. More intensive case mngmt. is employed when IW is above the 50th percentile of how long it takes to RTW after injury or illness.	Nurses one-third OH nurses. Monitor care and detect variances or abnormalities by reviewing bills and patterns of treatment.
Liberty Northwest, Health Plus	Yes (e.g., first aid seminars and loss prevention activities)	Staff devoted to RTW who assist physician to define work restrictions and worksite modifications. If RTW process fails, move to vocational process to get employee back to work.	No. Focus on physical restrictions and job requirements, decide if it is safe for the IW to RTW.	Occupational health nurse, occupational health specialist, or loss prevention consultant.	Acute case management. Work with providers early to move patient through appropriate care.	Number of days of time loss is not sole trigger for case management. When they identify a barrier to moving a case through the treatment and RTW processes, they involve a nurse case manager, occ health specialist, or a voc. consultant.	Three types: Nurse case managers, OH nurses, and OH specialists, in addition to vocational consultants who assists case managers in RTW activities when required.
CorVel Corporation	No	- Network of on-site and telephonic case managers. - Providers required to work with clients to implement light duty. - Presley Reed "Medical Disability Advisor," suggests appropriate lengths of disability, based on severity of injury and vocation. - Vocational counselors provide skills training, voc. testing, and voc. placement services.	- Providers review job descriptions and determine which specific job functions IW *can* do. - Providers recommend specific job modifications that allow employees to RTW. - Providers have final say on release to RTW.	Nurse case manager or vocational counselor reviews job functions and reports back to provider. Sometimes, provider visits the worksites.	- Injury treated ASAP. - Three-way contact (among IW, employer, and provider) begun by nurse case manager as soon as time loss begins. - case mngmt. process continued throughout treatment to monitor for IW compliance, appropriate treatment, follow through, and need for assistance.	More severe cases, nurse case managers go to the injured workers' homes. (Amount of time loss is not the only criterion for this level of case management.)	RNs, many of whom have workers' compensation and/or case management experience.

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PhyCor	Yes it is a corporate emphasis; clinics apply to a varying extent. Worksite visits and population assessments identify risks and recommend prevention and wellness strategies.	- Focus on both job requirements and organizational requirements (corporate culture) necessary for transition back to work. - Use the term "transitional duty" to refer to process of returning to full capacity. - Focus on IW *capabilities*, not on *restrictions*.	Some are.	Nurses, physical therapists, or ergonomists. Some physicians to learn workflow of company (as well as safety & health issues), to have a better understanding when developing transitional duty.	Proactive care & disability mngmt. approach. Help IW navigate medical system and stay involved in the care, moving toward good clinical outcomes and minimal time loss.	- Early intervention - Proactive initiation of aggressive care management (e.g., ordering a test or referring to specialist earlier than done elsewhere).	Nurses (some of whom have occupational health backgrounds) or "physician extendors" (PAs or ARNPs).
Intracorp	No. Customers not willing to pay for primary prevention services; don't believe it is cost-effective.	OHP program, IWs not taken off work unless employer cannot or will not accommodate restrictions. Nurse case managers help physicians on RTW and the employees on accommodating work restrictions.	Physicians do not understand workplaces. OHP physicians who actually go to the workplaces (who tend to be board certified occ med physicians) go to identify activities that could aggravate the injury or impair healing.	Field case managers trained to do worksite evaluations and ergonomic assessments, and to help accommodate work restrictions.	Providers manage medical care aggressively, and write restrictions that: - prevent further harm - maximize capabilities - encourage employers to accommodate them - progress the IW back to full duty.	Approximately 900 field case managers work face-to-face with employers and IWs on cases with extended time loss. No specific, pre-determined amount of time an IW must be off work before a field case manager gets involved; each case is unique.	Nurses with variety of backgrounds (e.g., psychiatric/mental health, cardiac health, and OH). Work in teams, can exchange ideas and expertise.
Healthcare First	No	- Train employers and employees regarding expectations. - Train physicians to address vocational and socio-economic issues, and the medical issues. (i.e., treat IWs in context of actual jobs.) - Work with employers to create job mods, and encourage employers to stay in close contact with IWs so they continue to feel connected. - Create good statistics for employers and insurers through good information management.	No. Generally, physician describes physical limitations, and patient advocate works with employer to create job modifications.	The patient advocate if necessary.	- Make sure the IW receives appropriate care; if not, arrange for it. - Work with employers to create modified duty options. - IW should see an expectation of appropriate return to work. - All involved parties should be planning for IWs return to work, from first day of injury.	Varies depending on why IW out 4-6 weeks. If IW has an attorney, it can be difficult, or impossible, to help her/him back to work. If it is not an issue of litigation, patient advocate looks at changing therapeutic environment (perhaps to focus more on psycho-social or vocational issues, rather than medical).	Patient advocates are RNs who have experience with on-site case management or occupational health.

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Kaiser Permanente, Northern California Region	Yes. -Patient education. - Employers can contract for other prevention related services.	- Educate employers on value of modified duty. - Educate patient on importance of returning to work. - Offer local exercise facilities and physical therapy to aid recovery. - Use a computer assisted work simulation program to assist functional capacity assessment.	-Yes. Physicians assess functional capacity, focusing on ability rather than disability.	Yes, especially worksites where injuries are common.	Case management begins with first visit. Cases are tracked using diagnosis-related clinical profiles.	After 3 days of time loss, case manager begins talking with physician & employer, and integrates psycho-social issues into the care process.	- Non-medical staff for cases without time loss. - LPNs for cases with short duration time loss. - RNs for complicated cases with multiple specialty involvement, and for catastrophic cases.
Blue Cross of California	Yes. Activities vary among provider groups, depending upon relationship with employers.	- Care management (case management plus UR) begins after 3 days off work. -RN works with provider, employer, & employee in facilitating care and light duty options.	Not usually. Some work closely with large employers. This service is usually provided by insurance carrier loss control professionals.	No	Early care management	Focus is prevention to avoid these cases by involving nurses in all time-loss cases.	Nurses with WC, UR, and case management experience, who they also train extensively.
California Department of Industrial Relations	Yes: - Health/safety designees for each employer. - Injury data to employer. - Note worksite risk factors.	- Provider-employer communication, including after RTW. - Employers provide info. pertinent to creating job modifications.	Providers specify activity restrictions.	Some MCOs do worksite visits and other do not. Employers consider this a duplication of OSHA activities.	-Provider and case mngmt. staff communicate with employer re: job restrictions. - Some MCOs work with employers to create appropriate job modifications.	- Varies by MCO. - All MCOs have RN case mgr. who intervenes, coordinating communication between IW, provider, and employer.	Most are RNs, and most MCOs have an occupational nurse practitioner.

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Johns Hopkins University	Yes, workplace safety inspections	- Early diagnosis & treatment - Emphasis on RTW	Provider specifies what IW is physically able to do.	Safety professionals and industrial hygienists.	- Emphasize early detection, diagnosis, and treatment. - Encourage employees to come in at first sign of problem.	All cases monitored very closely from day one.	Certified Occupational Health Nurse-Specialists.
Duke University, Division of Occupational Medicine	Yes, pre-placement exams, on-site education.	- Assess residual functional capacity - Assist employers to create job modifications.	Yes	- Physician assigned to employer does walk-through or views videos of worksite. - Employers can pay for ergonomist to assess job modifications on site.	- Access to appropriate level of care. - IW education - Interdisciplinary approach - Electronic links to employers. -Detailed, relevant job restrictions	- Emphasize RTW from day one. - Work directly with HR and on-site OH RN.	Occupational nurse or safety officer employed at the worksite.
Colorado Compensation Insurance Authority	Yes. Loss prevention dept. site visits; helps employers develop prevention programs.	RTW specialists work with employers, providers, and employees to identify tasks IW can do.	Providers define work restrictions based on the RTW specialists' description of work activities.	Typically, the RTW specialists. Sometimes providers visit to see how the work restrictions fit with the work activities.	- Monitor claims closely; keep on track medically. - Work with employer, IW, provider to accomplish RTW as soon as possible.	- Nurse-adjuster teams follow all time loss cases from the beginning. - Software pkg. used to evaluate appropriateness of length of time off work. - In-house review panel of MD specialists available.	Nurses with extensive in-house training.
Concentra Medical Centers	No. Concentra sells other prevention products.	Non-medical "outcome assurance techs" (OAT) work with IWs, employers, carriers to coordinate RTW.	- Providers releases to work, communicates with employer. - OATs works with employer to create light duty.	Lead physician or med director at each clinic visits worksites to understand what the jobs entail.	Try to keep IW in some level of work.	- OAT manages any case out of work after first visit. - Use sports medicine model and referral to physiatrist for rehab.	Non-medical techs supervised by OH nurse.
Ohio Bureau of Workers' Compensation	Yes, employer incentives for worksite safety.	- MCOs educate employers. - Medical case mngmt. focus on RTW. - Some MCOs: wage replacement program.	Yes	MCO case mgrs. and vocational mgrs.	Case mgrs. work with employers to explore modified duty.	As other cases, aggressively managed.	RNs (some OH) and vocational specialists.

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Minnesota Department of Labor & Industry	Yes. Each MCO must address prevention in some way.	- Medical case mngmt. - UR done concurrently with treatment.	Physicians designate job restrictions, but case mgrs. and rehab consultants are more involved in job modification	Case mgrs. from some MCOs.	- Treatment within 24 hours. - Aggressive case mngmt.	Usually handled the same as other cases; some MCOs may do more aggressive case mngmt.	Licensed or registered health care professionals with minimum one year experience in WC. Usually RNs, LPNs, or PTs.
Humana Corporation	No	Medical case managers encourage employers to implement job modifications.	No	No	- Provide timely appointments. - Help navigate the system. - Case mgr. assigned day one.	All cases are handled the same.	Nurses with group health or WC backgrounds, including about 10 with OH backgrounds.
Milliman & Robertson	Best prevention techniques involve common sense about safety.	- Most important is to have an expectation of RTW. - Use written benchmarks for recovery timelines and let employees know what is expected of them.	More important than provider involvement is to have the employer create the modification.	Provider visits would make sense if they were paid and at risk for indemnity.	Have a good temporary transition work program to get IWs back doing *something*.	- Team approach (worker, physician, employer). - Clarify RTW expectations.	Should be nurses with WC experience (treatment or case management) and they should facilitate, not micro manage the medical care.
Center to Protect Workers' Rights	Programs should focus on prevention.	- Ask employer and union how RTW can be facilitated in their particular industry. - Try more demonstration projects, blanket "reform" programs tend to run into political barriers. - Try subsidized wage programs.	Physicians are not usually very good at assessing worksites.	An industrial or OM nurse or social worker would be better; someone who can assess industry, relate to workers, understand practical realities of workplace.	- Case mgr. who elicits confidence of employees. - Good interface between case mgr. employee, employer, and physician.	From time of injury, case mgr. should be in daily contact with employer and IW.	Occupational or industrial RNs trained to understand workplace and workplace injuries.
National AFL-CIO	Prevention is key. Providers should note conditions leading to injury/illness	- Early intervention is the key to successful RTW. - - All parties must support RTW plan.	-Important IW know that someone cares and is sincere about facilitating RTW. - IW must feel that provider is advocating for his/her interests.	- How will this person be viewed by the IW? - Whose interests are served, worker's or employer's?	- Early intervention and provider's caring attitude critical. - He is concerned about the political agendas of the proprietors of the large HC companies.	- Ongoing access to appropriate treatment. - Caring attitude from employer & provider: "We want you back to work."	It is important to note whose interests the CM serves (e.g., in Ohio, insurance case managers are used by SI employers to direct IWs to MC in a supposed "worker choice" state).